Approved for use through 7/31/2006 CMB 0651-0032 PTO/SB06 (1204) U.S. Pateris and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a valid CMB control number. Substitute for Form PTO-875 127 Hymba Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR FOR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$ (37 CFR 1 16(0) (b) & (c)) NVA RATE (\$) N/A FEE\_(\$) SEARCHFEE NA 150.00 (37 CFR 1 16(N. (1). or (m)) N/A N/A 300.00 N/A NA EXAMINATION FEE \$250 (37 CFR 1 16(a). (p). or (q)) N/A N/A \$500 N/A TOTAL CLAIMS NA \$100 (37.CFR 1 16(4) NA \$200 INDEPENDENT CLAIMS minus 20 · X\$ 25 (37 CFR 1 16(N)) X\$50 ÓR = Caunim X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE . (37 CFR 1 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1) +180= +360= \* If the difference in column 1 is less than zero, enter \*0\* in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS OTHER THAN SMALL ENTITY OR HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT ł٥ ENDMENT 60 after RATE (\$) PREVIOUSLY ADDI-AMENDMENT EXTRA RATE (\$) Total presentation PAID FOR TIONAL ADO: FEE (S) Minus TIONAL 1 FEE (1) X\$ 25 Independent D7 CFR 1,10(h) Minus X\$50 OR 0 X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Calumn 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT AFTER. ENDMENT RATE (\$) PREVIOUSLY EXTRA ADDI-AMENDMENT RATE (\$) PAID FOR TIONAL ADOI-Total Minus FEE (\$) TIONAL Independent (37 CFR 1.18(h)) FEE (\$) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) +180= +360= OR TOTAL' • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADD'L FEE if the entry in column 1 is less than the entry in column 2, write 'U in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADO'L FEE is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piccess) an application. Confidentiality is poverned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient The smooth of little you require to complete this form and/or suggestions for reducing this purpor, should be sent to the Uniet Information Unicer, U.S. Patern 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS